Data Request
Revised October 2016

Date: ___________________________

Request Type: □ Mailing List
□ Other

Requestor Contact Information

Requestor’s Name: _____________________________________________________________

Organization: ________________________________________________________________

Address: ___________________________________________________________________

Phone Number: _______________________________________________________________

Email: _____________________________________________________________________

Billing Address (if different from Requestor’s Address): ___________________________

____________________________________________________________________________

Information on Data Request

Needed by Date (10 day minimum): ______________________________________________

File Format (default is CSV): ___________________________________________________

Selection Criteria: ______________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Planned Use: ___________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Prices:

□ Mailing lists: Street addresses only, $0.10 per record (name / address pair) with a $50 minimum

□ Congregational lists: $100 for street addresses, $200 for email addresses
  $250 for both street and email addresses

□ Statistical reports: $50 plus $50/hour billed in 30 minute increments
UU Organizational Qualification or Sponsorship:
We are a (check one):
☐ Member Congregation ☐ District/Region ☐ Related Organization
(see http://www.uua.org/directory/organizations)

Or

Sponsoring Organization:

Organization Name: ___________________________________________________________________

Authorized Party Name: ________________________________________________________________

Authorized Party Title/Role: _____________________________________________________________

Authorized Party Signature: ______________________________________Date:__________________

Terms of Use – By signing below, you agree to the following:

1. There is no warranty or guarantee regarding the completeness or accuracy of the data. The price
will not be adjusted to reflect returned or otherwise defective data.

2. If you plan to share this information with the media or general public, please include the intended
audience in the "Planned Use" above.

3. One-time use of provided data

4. Data not available to rent, sell, or otherwise share

5. Forward any USPS returned mail to the UUA for updates in the UUA database. Send returned
mail to the address referenced in Item 6 below.

6. Send one copy of the mailing or communication to the following address:
   UUA Data Services
   24 Farnsworth St
   Boston, MA 02108

Signature
Signature of Requestor: ___________________________ Date of Request: ________________

<table>
<thead>
<tr>
<th>UUA Data Services Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request #</td>
</tr>
<tr>
<td>Fulfilled By</td>
</tr>
<tr>
<td>Date Completed</td>
</tr>
<tr>
<td>Total Hours</td>
</tr>
<tr>
<td>Number of Records</td>
</tr>
<tr>
<td>Price per Record $0.10</td>
</tr>
<tr>
<td>Minimum Charge $50.00</td>
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<tr>
<td>Invoice Total $</td>
</tr>
</tbody>
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